



Development Permit Application

Please Print Clearly

Community Development Agency
17575 Peak Ave
Morgan Hill, CA 95037-4128
Phone: (408) 778-6480
Fax: (408) 779-7236
www.morganhill.ca.gov

Building Address _____ **Suite #** _____
Assessor's Parcel # _____ **Tract/PM #** _____ **Lot #** _____
Geologic Hazard Zone: ☐ Yes ☐ No **Flood Zone:** ☐ Yes ☐ No **Year Built** _____

Property Owner:

Name _____
Mailing Address _____
City/State/Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
☐ Owner / Builder ☐ Owner w/ Contractor

Architect / Designer:

Name _____
Mailing Address _____
City/State/Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
License # _____ **Exp. Date:** ____/____/____

Contractor:

Name _____
Mailing Address _____
City/State/Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
State License # _____ **Exp. Date:** ____/____/____
MH Bus. License # _____ **Exp. Date:** ____/____/____

Business Owner / Tenant:

Name _____
Mailing Address _____
City/State/Zip _____
Phone Number (_____) _____
Fax Number (_____) _____

Engineer:

Name _____
Mailing Address _____
City/State/Zip _____
Phone Number (_____) _____
Fax Number (_____) _____
License # _____ **Exp. Date:** ____/____/____

Workers' Compensation Information:

Carrier _____
Name of Agent _____
Phone Number (_____) _____
Policy # _____ **Exp. Date:** ____/____/____

☐ Residential ☐ Commercial / Industrial **Type:** ☐ New ☐ Addition ☐ Alteration ☐ Repair ☐ Demolition

Description of Proposed Work: _____

Construction Valuation \$ _____
(Labor & Material)

Commercial Floor Area _____ (sq ft)	Number of Units _____	Existing Fire Sprinklers:
Residential Floor Area _____ (sq ft)	Number of Stories _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garage Floor Area _____ (sq ft)	Number of Bedrooms _____	
Deck _____ (sq ft)	Number of Bathrooms _____	Grading:
Porch _____ (sq ft)	Type of Construction _____	Cubic Yards Cut: _____
Patio Cover _____ (sq ft)	Occupancy Group _____	Cubic Yards Fill: _____
Accessory Structure _____ (sq ft)	Occupancy Load _____	

Office Use Only

Date Submitted: _____ **Permit #:** _____ **Master Plan #:** _____
Plan Check Fee: _____ **LRP Fee:** _____ **Total:** _____

Check Applicable

☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Grading ☐ Fire

Electrical Permit

No. Receptacles/Outlets:_____ No. Switches:_____ No. Lighting Fixtures:_____ ☐ Conduit ☐ Conductors
☐ Disconnect ☐ EV Charger ☐ Generator ☐ Sign ☐ Irrigation Pedestal ☐ Meter Upgrade:_____ Amps
☐ Motors ☐ Photovoltaic ☐ Pool Pump ☐ Spa ☐ Sub Panels: _____No. ☐ Temp Power Pole
☐ Temp Service Panel ☐ Temp Power Distribution Systems: No._____ ☐ Other _____

Mechanical Permit

☐ Condensing Unit (A/C) ☐ Ducts ☐ Evaporator Coil ☐ Fans ☐ Furnace: _____ BTU's ☐ New ☐ Replacement
☐ Gas Fireplace ☐ Kitchen Hood ☐ Pool Equipment ☐ Other _____

Plumbing Permit (Note: Additional Commercial Plumbing Maybe Be Subject To Public Works Impact Fees)

☐ Re-pipe Fixtures: No. Sinks_____ No. Tubs _____ No. Showers_____ No. Toilets _____ No. Traps_____

☐ Back Flow ☐ Building Sewer ☐ Gas Test ☐ Gas Line: No. Outlets_____ ☐ Gas Meter Upgrade ☐ Grease Interceptor

☐ Roof Drain ☐ Sewer Drain ☐ Sewer Lateral ☐ Storm Drain ☐ Thermal Solar ☐ Water Heater ☐ Water Service

☐ Other: _____

Fire Permit

☐ Fire Alarm ☐ Fire Sprinklers ☐ Suppression System ☐ Underground Piping/Hydrant System ☐ Other _____

Re-roof Permit (Note: Class 'A' Roof Is Required For Any Home(s) Inside The Fire Hazard Zone)

Removing _____ Installing _____ No. of Squares_____ Pound of Felt _____

Life Time of Roof: ☐ 30yr. ☐ 40yr. ☐ 50yr. Sheathing Thickness_____ ☐ New ☐ N/A

Skylight(s) / Sun Tunnel(s) Being Installed? No._____ ☐ New ☐ Replacement ☐ N/A

Plan Check Responses To Be Sent To (Please check only one)

☐ Owner ☐ Architect / Designer ☐ Engineer ☐ Contractor E-mail Address:_____

Print Name _____ Signature _____ Date _____

For Office Use Only**Fees:**

Building Permit		Counter Plan Check		Bus. Lic. Base	
Add't Plan Check		LRP Fee 15% - PC		Bus. Lic. App. Rev.	
Electrical		Microfilm		Bus. Lic. Zoning	
Mechanical		CBSC		Photo Copies	
Plumbing		Investigation/Red Tag		Permit Pouch	
Fire		Addressing		Other	
LRP Fee - 15%		Geotechnical			
Seismic		Bldg Compliance		Total Fees:	